

N432 Postpartum Care Plan  
Lakeview College of Nursing  
Andrew S. McSparran

**Demographics (3 points)**

<b>Date &amp; Time of Admission</b> 2-9-21 / 0830	<b>Patient Initials</b> KT	<b>Age</b> 32	<b>Gender</b> F
<b>Race/Ethnicity</b> Caucasian	<b>Occupation</b> School Teacher	<b>Marital Status</b> Married	<b>Allergies</b> NKA
<b>Code Status</b> Full	<b>Height</b> 154.9 cm	<b>Weight</b> 68.5 kg	<b>Father of Baby Involved</b> Yes

**Medical History (5 Points)**

**Prenatal History:** Pt is G-2, T-2, P-2, A-0, L-2. Both deliveries have been vaginal. First delivery was spontaneous, and this delivery was induced. Pt's first delivery went smoothly with no complications and resulted in the birth of a healthy baby boy.

**Past Medical History:** Pt has a past medical history of endometriosis and migraines

**Past Surgical History:** Pt had exploratory abdominal surgery and an ovarian cyst removed in 2012

**Family History:** Pt's maternal grandfather had HTN

**Social History (tobacco/alcohol/drugs):** Pt has no social history of tobacco use and denies any current alcohol or recreational drug use. Pt also denies alcohol use beyond occasional, social drinking prior to pregnancy. Pt also denies any recreational drug use prior to pregnancy.

**Living Situation:** Pt lives at home with her spouse and their children

**Education Level:** Pt states that she has a Master's degree in education (M.Ed.)

**Admission Assessment**

**Chief Complaint (2 points):** Pt was scheduled to be induced

**Presentation to Labor & Delivery (10 points):** Pt is a 32-year-old, Caucasian female that presents to the labor and delivery unit for labor induction. This is her second pregnancy that has

gone to full term and she will deliver this one vaginally just like the first. Unlike her first delivery, which was spontaneous, this one will be induced due to the baby's presumably high birthweight. Her first delivery went smoothly with no complications. Pt has no history of miscarriages, abortions, or still births. She is accompanied by her husband who is excited for the arrival of his second child.

### **Diagnosis**

**Primary Diagnosis on Admission (2 points):** Induction of Labor

**Secondary Diagnosis (if applicable):** NA

### **Postpartum Course (18 points)**

The patient is now at the beginning of her journey through the postpartum period. At just a little over 24 hours, she is still in the taking-in phase of postpartum (Ricci et al, 2021). In this phase, the mother will spend more time recovering and focusing on her own basic needs for sustenance and rest (Ricci et al, 2021).

After giving birth, the postpartum mother is at risk for any number of complications. More commonly, they are at risk for postpartum hemorrhage, infection, and postpartum mood disorder.

The main causes of postpartum hemorrhage are the 5 Ts: Tone, Tissue, Trauma, Thrombin, and Traction (Ricci et al, 2021). If the uterus has sufficient tone, it can clamp down on itself to control the bleeding (Ricci et al, 2021). Atony means it is unable to do just that. A distended bladder can also shift the uterus to one side or the other which makes contraction

difficult to stop bleeding (Ricci et al, 2021). Tissue means there are still placental fragments, membranes, or blood clots inside the uterus (Ricci et al, 2021).

Trauma refers to any lacerations or hematomas that result in significant, added blood loss (Ricci et al, 2021). Our pt had a small lateral laceration which could cause additional bleeding. This puts her at risk for postpartum hemorrhage. Thrombin refers to blood coagulation and the lack thereof (Ricci et al, 2021). Insufficient clotting means more bleeding. Finally, traction simply means that there was too much pulling on the umbilical cord to expel the placenta (Ricci et al, 2021).

Postpartum infection is an infection that occurs after the 24-hour mark post-delivery (Ricci et al, 2021). At this point, the mother can develop a fever of 38°C or higher (Ricci et al, 2021). The risk factors for postpartum infection include “surgical birth, prolonged rupture of membranes, long labor with multiple vaginal examinations, inadequate hand hygiene, internal fetal monitoring, uterine manipulation, chorioamnionitis, instrumental birth, obesity, untreated infection prior to birth, retained placental fragments, gestational diabetes, extremes of client age, low socioeconomic status, and anemia during pregnancy”(Ricci et al, 2021, p.821).

Postpartum mood disorder is caused by a dramatic decrease in estrogen and progesterone levels after delivery. The more dramatic the decrease, the more severe the symptoms of depression (Ricci et al, 2021).

This patient is at risk for developing a postpartum hemorrhage due to the laceration incurred during delivery. She may also be at risk for postpartum mood disorders. Her condition should be closely monitored and assessed.

### **Postpartum Course References (2) (APA):**

Ricci, S., Kyle, T., Carman, S. (2021). *Maternity and pediatric nursing (4<sup>th</sup> ed.)*. Wolters Kluwer.

Hinkle, J., Cheever, K. (2018). *Brunner & suddarth's textbook of medical-surgical nursing (14<sup>th</sup> ed.)*. Wolters Kluwer.

### Laboratory Data (15 points)

CBC **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Prenatal Value	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.8-5.3	4.45	4.02	3.33	These values are all lower than normal due to the pt's loss of blood during delivery. She lost almost 500 mL of blood. <small>(Corbett &amp; Banks, 2016)</small>
Hgb	12-15.8	13.4	12.6	10.6	
Hct	36-47	40.5	37	30.7	
Platelets	140-440	246	230	214	
WBC	4-12	8.83	13.10	14.5	When females give birth, the toll it takes on their bodies causes their bone marrow to increase production of neutrophils. Thus, resulting in a high number of Neutrophils as well as WBC. <small>(Corbett &amp; Banks, 2016)</small>
Neutrophils	47-73	69.2	76.3	70.6	
Lymphocytes	18-42	23.7	16	19	Typically, the increase in the number of neutrophils will result in the decrease in the percentage of lymphocytes though the actual number of lymphocytes may stay the same. <small>(Corbett &amp; Banks, 2016)</small>
Monocytes	4-12	5.9	6.7	9.2	
Eosinophils	0-5	0.4	0.4	0.8	

Other Tests **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Reason for Abnormal
Blood Type	A, B, O	O	O	O	
Rh Factor	+/-	+	+	+	
Serology (RPR/VDRL)	Reactive/ Non-Reactive	Non-Reactive	Non-Reactive	Non-Reactive	
Rubella Titer	Immune/ Not Immune	Immune	Immune	Immune	
HIV	Pos/Neg	Neg	Neg	Neg	
HbSAG	Pos/Neg	Neg	Neg	Neg	
Group Beta Strep Swab	Pos/Neg	Neg	Neg	Neg	
Glucose at 28 Weeks	<140	113	NA	NA	
MSAFP (If Applicable)	NA	NA	NA	NA	
COVID-19	Pos/Neg	UNK	Neg	Neg	

Additional Admission Labs **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Reason for Abnormal
<b>NONE</b>					


**Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Prenatal Value	Value on Admission	Today's Value	Explanation of Findings
Urine Creatinine (if applicable)	<b><i>NONE</i></b>				

**Lab Reference (1) (APA):**

Corbett, J., Banks, A. (2016). *Laboratory tests and diagnostic procedures with nursing diagnoses (8<sup>th</sup> ed.)*. Pearson Education, Inc.

**Stage of Labor Write Up, APA format (15 points):**

	Your Assessment
<b>History of labor:</b>	
<b>Length of labor</b>	<b>Total length of labor: 9 hours, 29 minutes</b>
<b>Induced /spontaneous</b>	<b>Labor was induced</b>
<b>Time in each stage</b>	<b>1<sup>st</sup> stage- 5 hours, 15 minutes</b>
	<b>2<sup>nd</sup> stage- 8 minutes</b>
	<b>3<sup>rd</sup> stage- 6 minutes</b>
	<b>4<sup>th</sup> stage- 4 hours</b>
<b>Current stage of labor</b>	Technically speaking, the mother is no longer in a stage of labor.

	<p>She is 24 hours postpartum now.</p> <p>In the first stage of labor, the mother will labor through cervix's dilation via uterine contractions. It is split up into 2 phases, the latent phase and active phase (Ricci et al, 2021). During the latent phase, the cervix will slowly dilate to approximately 6 cm (Ricci et al, 2021). Contractions are occurring every 5-10 minutes and will last up to 45 seconds (Ricci et al, 2021). Most women describe these contractions to be similar to menstrual cramping (Ricci et al, 2021).</p> <p>During the active phase of the first stage of labor, the cervix begins to dilate much more rapidly and will reach full dilation at 10cm with full effacement in a much quicker amount of time than in the latent phase (Ricci et al, 2021). The cervix will dilate as fast as 1.2 to 1.5 cm per hour and the contractions may last up to a minute every 2-5 minutes (Ricci et al, 2021). This stage is much more intense for the mother and she will have to turn to relaxation and breathing techniques to soothe her (Ricci et al, 2021).</p> <p>In the second stage of labor, the fetus will move from the uterus, through the cervix, through the pelvis, and exit the mother's body through the birth canal (Ricci et al, 2021). Contractions occur much more frequently now, coming every 2-3 minutes and lasting for a minute to 90 seconds (Ricci et al, 2021). The mother is much more focused now and determined to work the fetus out of the birth canal (Ricci et al, 2021). This stage ends when the infant is expelled from the vagina (Ricci et al, 2021).</p> <p>In the third stage of labor, begins just after the baby has emerged from the mother and ends with the expulsion of the placenta (Ricci et al, 2021). As the uterus continues to contract, it begins to shrink in size and causes the placenta to pull away from the uterine wall (Ricci et al, 2021). When this occurs, there is a sudden rush of blood from the mother's vagina, the uterus rises upward, and the umbilical cord lengthens (Hinkle &amp; Cheever, 2018). Then the placenta is ready to deliver and will be expelled within 2-30 minutes depending on how much assistance is provided by the physician (Ricci et al, 2021).</p>
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	<p>In the fourth and final stage, the placenta has been expelled from the uterus and the mother’s body begins to recover from this traumatic experience (Ricci et al, 2021). The uterus will continue to contract at this time and try to return to a normal size and shape (Ricci et al, 2021). During this stage, the nurse will periodically monitor the mother for hemorrhage, DVT, and/or bladder distention (Ricci et al, 2021). They will also assess the lochia and any episiotomy or lacerations (Ricci et al, 2021). This period typically lasts anywhere from 1-4 hours (Ricci et al, 2021).</p>
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**Stage of Labor References (2) (APA):**

Ricci, S., Kyle, T., Carman, S. (2021). *Maternity and pediatric nursing (4<sup>th</sup> ed.)*. Wolters Kluwer.

Hinkle, J., Cheever, K. (2018). *Brunner & suddarth’s textbook of medical-surgical nursing (14<sup>th</sup> ed.)*. Wolters Kluwer.

**Current Medications (7 points, 1 point per completed med)  
\*7 different medications must be completed\***

**Home Medications (2 required)**

<b>Brand/Generic</b>	<b>Zofran/ ondansetron hydrochloride</b>	<b>FloNase/ fluticasone proprionate</b>
<b>Dose</b>	4 mg	50-100 mcg
<b>Frequency</b>	Q6, PRN	Daily
<b>Route</b>	PO	Intranasal
<b>Classification</b>	Antiemetic <small>(2020 Nurse’s drug handbook (19<sup>th</sup> ed.),2020)</small>	Corticosteroid <small>(2020 Nurse’s drug handbook (19<sup>th</sup> ed.),2020)</small>
<b>Mechanism of Action</b>	Blocks serotonin receptors in the intestines which reduces nausea and vomiting. <small>(2020 Nurse’s drug handbook (19<sup>th</sup> ed.),2020)</small>	Inhibits cells involved in the inflammatory response of asthma. <small>(2020 Nurse’s drug handbook (19<sup>th</sup> ed.),2020)</small>
<b>Reason Client Taking</b>	Nausea	Allergy Relief
<b>Contraindications (2)</b>	Concomitant use of apomorphine.	Hypersensitive to milk proteins.

	Congenital long QT syndrome. <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small>	Untreated nasal mucosal infection. <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small>
<b>Side Effects/Adverse Reactions (2)</b>	Arrhythmias, intestinal obstruction <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small>	Adrenal insufficiency, oropharyngeal edema <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small>
<b>Nursing Considerations (2)</b>	Monitor closely for anaphylaxis or bronchospasm. Monitor for decreased bowel activity. <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small>	Monitor patients with milk allergies closely. Use caution in patients with severe hepatic impairment. <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small>
<b>Key Nursing Assessment(s)/ Lab(s) Prior to Administration</b>	Vital signs. Assess EKG for any signs of long QT syndrome. Assess for presence of nausea. <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small>	HR, BP, RR, assess for allergies to milk products, assess for current sinus infection. <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small>
<b>Client Teaching needs (2)</b>	Immediately report signs of hypersensitivity. Seek immediate medical attention if symptoms worsen or become severe. <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small>	Instruct pt to shake container well before each use. Do not increase dosage but contact PCP if symptoms continue or worsen. <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small>

**Hospital Medications (5 required)**

Brand/Generic	Motrin/ ibuprofen	Tylenol/ acetaminophen	Colace/ docusate sodium	Pitocin/ oxytocin	Lanolin/ lanolin topical
<b>Dose</b>	600 mg	975 mg	100 mg	0.06-.3 u/min	Pea-sized drop per nipple
<b>Frequency</b>	Q6, PRN	Q6, PRN	BID, PRN	Continuous	Hourly, PRN
<b>Route</b>	PO	PO	PO	IV	Topical
<b>Classification</b>	Anti-inflammatory, NSAID <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small>	Antipyretic, nonopioid analgesic <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small>	Laxative, stool softener <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small>	Obstetrical drugs <small>(Multum, 2019)</small>	Skin protectant <small>(Multum, 2020)</small>
<b>Mechanism of</b>	Blocks	Blocks	Acts as a	Is a hormone	Soothes

<p><b>Action</b></p>	<p><b>cyclooxygenase, which makes prostaglandins that cause inflammatory, pain, and swelling responses.</b> <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small></p>	<p><b>cyclooxygenase, which makes prostaglandins that cause pain response. Also inhibits prostaglandin E<sub>2</sub> which affects the temperature-regulating center in the hypothalamus.</b> <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small></p>	<p><b>surfactant and decreases the surface oil between oil and water in feces. This allows more water to enter the fecal matter and produce a softer stool.</b> <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small></p>	<p><b>that induces labor or strengthens uterine contractions.</b> <small>(Multrum, 2019)</small></p>	<p><b>soreness and cracking on nipples as a result of breastfeeding.</b> <small>(Multrum, 2020)</small></p>
<p><b>Reason Client Taking</b></p>	<p><b>Mild Pain</b></p>	<p><b>Mild-severe pain</b></p>	<p><b>Constipation</b></p>	<p><b>Labor induction</b></p>	<p><b>Nipple soreness</b></p>
<p><b>Contraindications (2)</b></p>	<p><b>Angioedema, asthma</b> <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small></p>	<p><b>Hypersensitivity to acetaminophen, severe hepatic impairment, active liver disease.</b> <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small></p>	<p><b>Fecal impaction. Undiagnosed abdominal pain.</b> <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small></p>	<p><b>HTN Heart conditions.</b> <small>(Multrum, 2019)</small></p>	<p><b>Deep wounds. Allergy to this product</b> <small>(Multrum, 2020)</small></p>
<p><b>Side Effects/Adverse Reactions (2)</b></p>	<p><b>Hepatic failure Prolonged bleeding time</b> <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small></p>	<p><b>Hepatotoxicity, hypokalemia</b> <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small></p>	<p><b>Diarrhea, perianal irritation</b> <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small></p>	<p><b>Tachycardia, Dysrhythmia</b> <small>(Multrum, 2019)</small></p>	<p><b>Allergic reaction, stinging, redness</b> <small>(Multrum, 2020)</small></p>
<p><b>Nursing Considerations (2)</b></p>	<p><b>Should not be used in pregnant women. Use cautiously in patients with HTN.</b> <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small></p>	<p><b>Use caution in pts with hepatic impairment or alcoholism. Monitor renal function in patients on long-term therapy.</b> <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small></p>	<p><b>Excessive use may result in dependence for BMs. Monitor patients with eating disorders closely.</b> <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small></p>	<p><b>Monitor vital signs regularly. Monitor drug's effect on uterine contractions.</b> <small>(Multrum, 2019)</small></p>	<p><b>Inspect nipples to monitor effectiveness. Consult with lactation specialist to ensure proper breastfeeding technique.</b> <small>(Multrum, 2020)</small></p>
<p><b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b></p>	<p><b>Monitor BP, Assess for pain.</b> <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small></p>	<p><b>Assess liver function test results.</b> <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small></p>	<p><b>Assess for laxative abuse syndrome, especially in anorexic</b></p>	<p><b>Check vital signs. Assess for heart conditions.</b> <small>(Multrum, 2019)</small></p>	<p><b>Assess for nipple pain during/after breastfeeding.</b> <small>(Multrum, 2020)</small></p>

			<b>clients.</b> <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small>		
<b>Client Teaching needs (2)</b>	<b>Take with food to reduce GI discomfort. Avoid taking at the same time as other NSAIDs.</b> <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small>	<b>Do not exceed recommended dosage. Teach to recognize signs of hepatotoxicity.</b> <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small>	<b>Advise not to take in the event of nausea or vomiting. Notify prescriber immediately if rectal bleeding occurs.</b> <small>(2020 Nurse's drug handbook (19<sup>th</sup> ed.),2020)</small>	<b>Advise to let someone know immediately in the event of SOB, swelling, or rash. Notify someone immediately of any chest tightness or unusual palpitations.</b> <small>(Multrum, 2019)</small>	<b>Apply hourly and after baby eats to prevent soreness. Product does not have to be washed off prior to breastfeeding and is safe for baby.</b> <small>(Multrum, 2020)</small>

**Medications Reference (1) (APA):**

2020 Nurse's drug handbook (19<sup>th</sup> ed.). (2020). Jones & Bartlett Learning.

Multrum, C. (2019). Pitocin. Drugs.com. <https://www.drugs.com/mtm/pitocin.html>

Multrum, C. (2020). Lanolin topical. Drugs.com.

<https://www.drugs.com/mtm/lanolin-topical.html>

**Assessment**

**Physical Exam (18 points)**

<p><b>GENERAL (0.5 point):</b>  <b>Alertness:</b>  <b>Orientation:</b>  <b>Distress:</b>  <b>Overall appearance:</b></p>	<p>-Pt is A&amp;Ox4                   -Pt is not in any distress.                  -Pt’s overall appearance is well-kempt, and presentable.</p>
<p><b>INTEGUMENTARY (2 points):</b>  <b>Skin color:</b>  <b>Character:</b>  <b>Temperature:</b>  <b>Turgor:</b>  <b>Rashes:</b>  <b>Bruises:</b>  <b>Wounds/Incision:</b> .  <b>Braden Score: 21</b>  <b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:NA</b></p>	<p>-Skin color is normal for race.                  -Skin character is soft and dry.                  -Temperature is warm and unremarkable                  -Pt presents with good skin turgor that immediately returns to normal position.                  -Pt. shows no rashes or bruises.                  -Pt has no wounds or incisions.                   -Pt is not a fall risk at this time.</p>
<p><b>HEENT (0.5 point):</b>  <b>Head/Neck:</b>  <b>Ears:</b>  <b>Eyes:</b>  <b>Nose:</b>  <b>Teeth:</b></p>	<p>-Head and neck are symmetrical and true to midline; appropriate rise/fall of thyroid; lymph nodes unremarkable.                  -Ears show no abnormalities; they are symmetrical; TM pearly gray; minimal cerumen                  -Eyes are reactive and pupils are normal and compensate well.                  -Nose presents no concerns; no polyps present, turbinates in good order.                  -Teeth are straight and white. Gums are pink and moist. No signs of decay.</p>
<p><b>CARDIOVASCULAR (1 point):</b>  <b>Heart sounds:</b>  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>  <b>Capillary refill:</b>  <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Location of Edema:</b> NA</p>	<p>-Auscultated S1 and S2.                   -Good strong sinus rhythm. No adventitious sounds or dysrhythmias noted.                   Peripheral pulses present. Cap refill is less than 2 seconds</p>
<p><b>RESPIRATORY (1 points):</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Breath Sounds: Location, character</b></p>	<p>Breath sounds in all locations are clear and steady. No adventitious sounds noted.</p>
<p><b>GASTROINTESTINAL (5 points):</b></p>	<p>Current diet is regular with no restrictions.</p>

<p><b>Diet at Home:</b>  <b>Current Diet:</b>  <b>Height:</b>  <b>Weight:</b>  <b>Auscultation Bowel sounds:</b>  <b>Last BM:</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>          <b>Distention:</b>          <b>Incisions:</b>          <b>Scars:</b>          <b>Drains:</b>          <b>Wounds:</b></p>	<p>Height is 154.9 cm.          Weight is 68.5 kg.</p> <p>Bowel sounds active in all 4 quadrants.          Last BM was 2/10 in the afternoon.</p> <p>Palpation of abdomen unremarkable. No masses or irregularities indicated. Pt reports normal pain and soreness in lower abdomen below umbilicus.</p> <p>Inspection presents no distention, incisions, scars, drains, or wounds.</p>
<p><b>GENITOURINARY (5 Points):</b>  <b>Fundal Height &amp; Position:</b>  <b>Bleeding amount:</b>  <b>Lochia Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Inspection of genitals:</b>  <b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>          <b>Type:</b>          <b>Size:</b>  <b>Rupture of Membranes:</b>  <b>Time:</b>  <b>Color:</b>  <b>Amount:</b>  <b>Odor:</b>  <b>Episiotomy/Lacerations:</b></p>	<p>Fundus is at midline and 2cm below umbilicus.          Scant amount of bleeding.          Lochia is rubra in color.</p> <p>Urine quantity is average.          Pt urinates without assistance.</p> <p>Inspection of genitals presents no abnormalities.</p> <p>ROM was artificial at 1554. Fluid was clear with no odor.</p> <p>Episiotomy was not necessary.</p> <p>Small 1 cm lateral laceration</p>
<p><b>MUSCULOSKELETAL (2 points):</b>  <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Fall Risk:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Fall Score: 10</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)</b> <input checked="" type="checkbox"/>  <b>Needs assistance with equipment</b> <input type="checkbox"/>  <b>Needs support to stand and walk</b> <input type="checkbox"/></p>	<p>Pt is not a fall risk at this time.</p> <p>Can perform all ADLs without accommodation.          Pt can be up and mobile as she can tolerate. No restrictions.</p>
<p><b>NEUROLOGICAL (1 points):</b>  <b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -  <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/>  <b>Orientation:</b></p>	<p>Pt is A&amp;Ox4 and has no mental status deficits.</p> <p>Speech and sensory is within normal limits. No slurring of speech. Pt can speak clearly and can understand/follow commands.</p>

<p><b>Mental Status:</b>  <b>Speech:</b>  <b>Sensory:</b>  <b>LOC:</b>  <b>DTRs:</b></p>	<p>No LOC.                   DTRs are 2+</p>
<p><b>PSYCHOSOCIAL/CULTURAL (1 points):</b>  <b>Coping method(s):</b>  <b>Developmental level:</b>  <b>Religion &amp; what it means to pt.:</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	<p>Pt's coping methods are listening to music, painting and reading.                  Developmental level is above average for a normal, 32-YO adult.                  Pt states they are Christian but says they are not as faithful to church as they should be and once were.                  Pt claims they have a strong, supportive extended family that is a large part of their lives.</p>
<p><b>DELIVERY INFO: (1 point)</b>  <b>Delivery Date:</b>  <b>Time:</b>  <b>Type (vaginal/cesarean):</b>  <b>Quantitative Blood Loss:</b>  <b>Male or Female</b>  <b>Apgars:</b>  <b>Weight:</b>  <b>Feeding Method:</b></p>	<p>Pt delivered a 3.74 kg baby boy at 1803 on 2-9-21.                   The birth was vaginal.                  Blood loss was 482 mL.                   Apgars scoring was an 8 at 1 minute and 9 after 5 minutes.                   Pt is breastfeeding at this time and intends to do so for as long as possible.</p>

**Vital Signs, 3 sets (5 points)**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
<b>Prenatal</b>	126	126/85	18	36.6° C	97%
<b>Labor/Delivery</b>	104	136/71	20	36.6° C	98%
<b>Postpartum</b>	101	111/55	18	36.5° C	95%

**Vital Sign Trends:** Pt's pulse typically runs high though she states it is still a little higher than normal. At this time, it appears to be trending downward to a more normal range.

**Pain Assessment, 2 sets (2 points)**

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
0945	1-10	Abdomen	2	Cramping	Tylenol/ Motrin
1350	1-10	Abdomen	4	Cramping	Tylenol/ Motrin

**IV Assessment (2 Points)**

<b>IV Assessment</b>	<b>Fluid Type/Rate or Saline Lock</b>
<b>Size of IV:</b> <b>Location of IV:</b> <b>Date on IV:</b> <b>Patency of IV:</b> <b>Signs of erythema, drainage, etc.:</b> <b>IV dressing assessment:</b>	Pt had an 18G IV in her left metacarpal vein. IV was started on 2/9 at 0940, then discontinued at 0900 on 2/10. IV was patent with no signs of erythema or drainage. Dressing remained clean and dry

**Intake and Output (2 points)**

<b>Intake</b>	<b>Output (in mL)</b>
745 mL	682 mL

**Nursing Interventions and Medical Treatments During Postpartum (6 points)**

<b>Nursing Interventions and Medical Treatments (Identify nursing interventions with “N” after you list them, identify medical treatments with “T” after you list them.)</b>	<b>Frequency</b>	<b>Why was this intervention/ treatment provided to this patient? Please give a short rationale.</b>
Round-the-clock pain management with Tylenol and Motrin (T)	Q4H	This treatment was provided to assist the patient with managing their pain before it gets out of control.
Lactation consultation was provided (N)	Once, PRN	Pt wants to breastfeed as long and as efficiently as possible.
Lanolin cream and teaching on its use were provided (N)	Hourly, PRN	Breastfeeding has caused sore nipples.

Perineal care with ice packs and anesthetic spray (N)	Q4H or as requested	Pt has a small laceration on perineum adding to soreness in this area. Additional measures are taken to lessen pt discomfort.
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**Phases of Maternal Adaptation to Parenthood (1 point)**

**What phase is the mother in?** Postpartum

**What evidence supports this?** The mother is still in the first 24 hours after delivery.

**Discharge Planning (2 points)**

**Discharge location:** Pt and newborn will be discharged to their home

**Equipment needs (if applicable):** Pt will be provided a Medela breast pump

**Follow up plan (include plan for mother AND newborn):** Pt should plan to meet with her OBGYN provider in 6 weeks. Newborn must visit his pediatrician within 24-48 hours of discharge.

**Education needs:** Pt should receive information on what symptoms should prompt a call to her physician or a trip to the Emergency Dept. Pt should focus on getting as much rest and adequate nutrition as possible in the next few days. She should also be given plenty of information on breastfeeding.

**Nursing Diagnosis (30 points)**

**\*Must be NANDA approved nursing diagnosis and listed in order of priority\***

**Two of the Nursing Diagnoses must be education related i.e. the interventions must be education for the client."**

**2 points for correct priority**

<b>Nursing Diagnosis (2 pt each)</b>	<b>Rationale (1 pt each)</b>	<b>Intervention/Rationale (2 per dx) (1 pt each)</b>	<b>Evaluation (1 pt each)</b>
“Risk for bleeding” related to healing/shrinking of uterus as evidenced by the birth of pt’s child and expulsion of placenta and	Pt is still in first 24 hours after giving birth and could still be at risk for hemorrhage.	<ol style="list-style-type: none"> <li>1. Fundus checks should be done Q4H.</li> <li><b>Rationale-</b> To monitor the progress of Uterine retraction.</li> <li>2. Assess pt’s lochia output.</li> </ol>	Pt was alerted to the concerns for hemorrhage and agrees with the plan of care. Pt plans to monitor lochia and fundal location as well after discharge.

<p>the damage that caused to the uterine lining. <small>(Carpenito, 2016)</small></p>		<p><b>Rationale-</b> check for abnormal amounts of blood and monitor the progression towards the cessation of bleeding.</p>	
<p>“Impaired mobility” related to recovery from vaginal childbirth as evidenced by pt’s pain, soreness, and fatigue. <small>(Carpenito, 2016)</small></p>	<p>Pt’s entire pelvic floor has just been through a very traumatic event. She will inevitably have some ambulation difficulties in the coming days.</p>	<p><b>1.</b> Provide early and progressive mobilization. <b>Rationale-</b> Research shows that early ambulation has better outcomes than bed rest after an injury, trauma, or procedure. <small>(Carpenito, 2016)</small></p> <p><b>2.</b> Consult with physical therapy. <b>Rationale-</b> PT is specialized in rehabilitation after trauma. They should be able to provide plenty of wisdom to help mama get back on her feet again. <small>(Carpenito, 2016)</small></p>	<p>Pt was very open to the suggestions of PT. She agrees that a slow, steady progression is best to build endurance and expedite healing.</p>
<p>Risk for infection related to perineal laceration as evidenced by close proximity of laceration to two bacteria-laden anatomical structures, the vagina and anus. <small>(Carpenito, 2016)</small></p>	<p>The perineal area is a favorite site for bacteria to grow due to its warm moist location. This is not the best location to have any type of cut or wound.</p>	<p><b>1.</b> Regular use of a sitz bath multiple times per day as wound heals. <b>Rationale-</b> Keeping this area as clean as possible is paramount to preventing infection.</p> <p><b>2.</b> Monitor for any signs of infection such as redness, swelling, or purulent drainage. <b>Rationale-</b> Keeping a close eye on the wound is essential to catching a possible infection early enough for the most effective treatment.</p>	<p>Pt was taught how to use a sitz bath and the importance of cleanliness to the wound and surrounding area. She seems very receptive and ready to comply with suggestions.</p>
<p>“Stress overload” related to the addition of a new child as evidenced by pt’s concern about balancing needs of infant with her first child, husband, and work responsibilities. <small>(Carpenito, 2016)</small></p>	<p>Pt has expressed concern about finding a balance between work and family</p>	<p><b>1.</b> Assist client in setting realistic goals to achieve proper balance. <b>Rationale-</b> goal-setting increases confidence and success <small>(Carpenito, 2016)</small></p> <p><b>2.</b> Provide contacts for professional or family counseling. <b>Rationale-</b> Sometimes just</p>	<p>Pt was open to the possibility of therapy to help with managing stress and goal-setting.</p>

		being able to talk to someone is enough to put yourself at ease. <small>(Carpenito, 2016)</small>	
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**Other References (APA)**

Carpenito, L. (2016). *Nursing diagnosis: application to clinical practice (14<sup>th</sup> ed.)*. Wolters Kluwer.